

**APPLICATION DATA SHEET****Application Information**

Application number::  
 Filing Date::  
 Application Type:: Regular  
 Subject Matter:: Utility  
 Suggested classification::  
 Suggested Group Art Unit::  
 CD-ROM or CD-R?: Listing  
 Number of CD disks:: 3  
 Number of copies of CDs:: 2  
 Sequence submission?: CD  
 Computer Readable Form (CRF)?:: Yes  
 Number of copies of CRF:: 1  
 Title :: COMPOSITIONS AND METHODS FOR THE  
 THERAPY AND DIAGNOSIS OF COLON  
 CANCER  
 Attorney Docket Number:: 210121.547C2  
 Request for Early Publication?: No  
 Request for Non-Publication?: No  
 Suggested Drawing Figure::  
 Total Drawing Sheets::  
 Small Entity?: No  
 Petition included?: No  
 Petition Type::  
 Licensed U.S. Gov't Agency::  
 Contract or Grant No::  
 Secrecy Order in Parent Appl.?: No

2011.03.14 09:26:00

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gordon  
Middle Name:: E  
Family Name:: King  
Name Suffix::  
City of Residence:: Shoreline  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 15716 First Avenue Northwest  
City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98177

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Madeleine  
Middle Name:: Joy  
Family Name:: Meagher  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 507 Northeast 71st Street #1

City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98115

### Third Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jiangchun  
Middle Name::  
Family Name:: Xu  
Name Suffix::  
City of Residence:: Bellevue  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 15805 Southeast 43rd Place  
City of mailing address:: Bellevue  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98006

### Fourth Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Heather  
Middle Name::  
Family Name:: Secrist

Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 3844 35th Avenue West  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98199

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Peoples Republic of China  
Status:: Full Capacity  
Given Name:: Yuqiu  
Middle Name::  
Family Name:: Jiang  
Name Suffix::  
City of Residence:: Kent  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 5001 South 232nd Street  
City of mailing address:: Kent  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98032

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/033,528	12/26/01
10/033,528	Continuation-in-part of	09/920,300	07/31/01
09/920,300	Non-provisional of	60/302,051	06/29/01
09/920,300	Non-provisional of	60/279,763	03/28/01
09/920,300	Non-provisional of	60/223,283	08/03/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Corixa Corporatin
Street of mailing address::	1124 Columbia Street Suite 200
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104

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